

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578592

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7	2					
8	2					
9	3					
10	3					
11	3					
12	3					
13	3					
14	3					
15	3					
16	3					
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TOTAL IND.	1					
TOTAL DEP.	36	◀	◀	◀		
TOTAL CLAIMS	37	████████	████████	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					◀	
TOTAL DEP.		◀	◀	◀		
TOTAL CLAIMS		████████	████████	████████	████████	